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MB H	Application Number	10/602,413
TRANSMITTAL	Filing Date	June 23, 2003
FORM	First Named Inventor	DENIS SCHRIER
HART FORM  (to be used for all correspondence after initial filling)	a) Art Unit	1614
·	Examiner Name	Unknown
T-t-IN	Attorney Docket Number	PCA391-D1-01-CFP
Total Number of Pages in This Submission		
	ENCLOSURES (Check all the	
Fee Transmittal Form	Drawing(s)	After Allowance Communication to a Technology Center (TC)
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC
Amendment/Reply	Petition	(Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Add	Iress Status Letter
	Terminal Disclaimer	Other Enclosure(s) (please
Extension of Time Request	=	Identify below): Postcard
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		THE FEE AND ANY ADDITIONAL FEES A OVERPAYMENT TO DEPOSIT ACCOUNT
	3-0455 IS HEREBY GIVEN.	VERI ATMENT TO BELOSIT ACCOUNT
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Response to Missing Parts under 37 CFR 1.52 or 1.53		
 Signati	JRE OF APPLICANT, ATTORN	NEY OR AGENT
Firm Claude F. Purchase, Jr.		······································
or Individual		
Signature Claude F. Ku	ANI BI AO CA	
Date December 8, 2003	MANAGE I	
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I hereby certify that this correspondence is being facs first class mail in an envelope addressed te:Commissio	mile transmitted to the USPTO or deposited ner for Patents, P.O.Box 1450, Alexandria, VA 2231	with the United States Postal Service with sufficient postage 3-1450 on this date December 8, 2003
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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

Compl te if Kn wn			
Application Number	10/602,413		
Filing Date	June 23, 2003		
First Named Inventor	DENIS SCHRIER, ET AL.		
Examiner Name	Unknown		
Group Art Unit	1614		
Attomey Docket No.	PCA391-D1-O1-CFP		

METHOD OF PAYMENT	FEE CALCULATION (continued)	
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES	
Deposit Deposit	Large Small Entity Entity	
Account Number 23-0455	Fee Fee Fee Fee Fee Description	Fee Paid
Deposit	Code (\$) Code (\$)	Teeralu
Account Warner-Lambert Company	105 130 205 65 Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139 130 139 130 Non-English specification	-
See 37 CFR 1.27  2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination	
Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	
Large Entity Small Entity	116 390 216 195 Extension for reply within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month	
101 710 201 355 Utility filing fee	118 1,390 218 695 Extension for reply within fourth month	
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month	
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal	
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing	
SUBTOTAL (1) (\$) 0.00	138 1,510 138 1,510 Petition to institute a public use proceeding	
(4)	140 110 240 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional	
Extra Claims below Fee Paid	· · · · · · · · · · · · · · · · · ·	
Total Claims -20** = X 18.00 = 0.00	143 440 243 220 Design issue fee	
Claims	144 600 244 300 Plant issue fee	
Multiple Dependent 0.00 = 0.00	122 130 122 130 Petitions to the Commissioner	
Large Entity Small Entity	123 50 123 50 Processing fee under 37 CFR 1.17(q)	10000
Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt	180.00
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)	
and over original patent	169 900 169 900 Request for expedited examination	
SUBTOTAL (2) (\$) 0.00	of a design application Other fee (specify)	
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	180.00

SUBMITTED BY			Complete (if	Complete (if applicable)	
Name (Print/Type)	Claude F. Purchase, Jr.	Registration No. (Attorney/Agent)	47,871	Telephone	(734) 622-1692
Signature	Claude F. Kurlings A			Date	12/08/2003

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT

 Complete if Known

 Application Number
 10/602,413

 Filing Date
 June 23, 2003

 First Named Inventor
 DENIS SCHRIER, ET AL.

 Group Art Unit
 1614

 Examiner Name
 Unknown

 Attorney Docket Number
 PCA391-D1-01-CFP

(use as many sheets as necessary)
Sheet 1 of 1

Examiner Initials*	Cite No.1	OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS  Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		Lu, Ying, et al., "Gabapentin Attenuates Nociceptive Behaviors in an Acute Arthritis Model in Rats", J.Pharm. & Exper. Ther., Vol. 290, No. 1, pages 214-219	

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.



Examiner Signature Date Considered

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.